Name of Pers Your Address Your City, Sta Your Telepho Attorney Bar Representing	s: ate, and a ne Numl Number	Zip Code:				
		SUPERIOR COURT OF ARIZONA MARICOPA COUNTY				
Name of Datiti	/DIa:	Case Number:				
Name of Petiti	oner/Plai	AFFIDAVIT IN SUPPORT OF APPLICATION FOR DEFERRAL OR WAIVER OF SERVICE OF PROCESS COSTS				
Name of Resp	ondent/D	Defendant				
STATE OF	ARIZOI	NA)				
COUNTY O		\ss				
in this applicat	ion is true	DE TO THE COURT UNDER OATH. I swear or affirm that the information e and correct. I make this statement under the penalty of prosecution for perjury if id not tell the truth.				
I have requ	ested a	a deferral or waiver of the following fees in my case:				
1.		Fees for service of process by a sheriff, marshal, constable or law enforcement agency: In support of my request, I state that (check and complete any that apply):				
		I have attempted to obtain voluntary "Acceptance of Service" of process without success on the person to be served.				
		It would be useless or dangerous for me to try to obtain voluntary "Acceptance of Service" on the person to be served because (explain):				
		An enforceable "Order of Protection" or "Injunction Against Harassment" has been granted to me against the person to be served.				
2.	person	or publication: In support of my request, I state that I have attempted to locate the to be served but I have been unable to locate that person (check and complete at apply):				

<u> </u>	This is what I did to try to find th	ne other party (expl	ain):	
-				
	I have contacted the person(s) listed below to try to find the location of the contact.			
	NAME		ADDRESS	
	SIGNATURE UNDER	PENALTY OF F	PERJURY	
Today's Date:		Signature:		
		SIGN YOUR NAME	<u> </u>	
	INFORMATIO	N FOR SERVICE		
You must provide the fo	ollowing information:			
To the best of my knowled berson to be served was:	dge, as of (date)(Street address, City, State)		, the last known address of the	